

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA INPATIENT DATA REPORTING MANUAL,
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, FOURTH EDITION
For Discharge Data occurring on or after January 1, 2005**

EXPECTED SOURCE OF PAYMENT

Section 97232

(a) Effective with discharges on or after January 1, 1999, the patient's expected source of payment shall be reported using the following:

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission for discharges occurring on or after January 1, 2005:

16. EXPECTED SOURCE OF PAYMENT				
PAYER CATEGORY		TYPE OF COVERAGE	NAME OF PLAN	
01 Medicare	06 Other Government	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 1 Managed Care - Knox – Keene/ MCOHS </div> <div style="width: 10%; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="width: 40%; text-align: right;"> (0001-9999 Plan Code Name) </div> </div>	
02 Medi-Cal	07 Other Indigent			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 2 Managed Care - Other 3 Traditional Coverage </div> <div style="width: 10%; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> </div> </div>
03 Private Coverage	08 Self Pay			
04 Workers' Compensation	09 Other Payer			
05 County Indigent Programs				

Valid combinations for reporting Expected Source of Payment

FOR PAYER CATEGORY	SELECT TYPE OF COVERAGE	NAME OF KNOX-KEENE (HMO) PLAN OR MCOHS PLAN
01, 02, 03, 04, 05, 06	1 Knox-Keene (HMO) or MCOHS Plan	Report valid plan code number (Refer to Table 1 and Table 2)
01, 02, 03, 04, 05, 06	2 Managed Care – Other (PPO, IPO, POS, etc.)	0000
01, 02, 03, 04, 05, 06	3 Traditional Coverage (Fee for Service)	0000
07, 08, 09	0 No Coverage	0000

(1) Payer Category: *The type of entity or organization, which is expected to pay or did pay the greatest share of the patient's bill.*

DISCUSSION:

This data element is defined as the source of payment that is expected, at the time of admission, to pay or did pay the greatest share of the patient's bill. Hospitals may report to OSHPD the most recent source of payment for patients with stays exceeding a year.

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(A) Medicare. A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

(B) Medi-Cal. A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

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(C) Private Coverage. Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, Shriners.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

Automobile Insurance payments are included in this Payer Category.

(D) Workers' Compensation. Payment from workers' compensation insurance, government or privately sponsored.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

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(E) County Indigent Programs. Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or Realignment Funds whether or not a bill is rendered.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage***.

(F) Other Government. Any form of payment from government agencies, whether local, state, federal, or foreign, except those in Subsections (a)(1)(A), (a)(1)(B), (a)(1)(D), or (a)(1)(E) of this section. Includes funds received through the California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section under ***(2) Type of Coverage***.

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(G) Other Indigent. Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy. Includes indigent patients, except those described in Subsection (a)(1)(E) of this section.

DISCUSSION

This category is excluded from reporting Type of Coverage and Name of Plan. The Other Indigent record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, "Other", is inappropriate because the Other Indigent patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

(H) Self Pay. Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of the patient's bill is not expected to be paid by any form of insurance or other health plan.

DISCUSSION

This category is excluded from reporting Type of Coverage and Name of Plan. The Self-Pay record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, "Other", is inappropriate because the Self-Pay patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

(I) Other Payer. Any third party payment not included in Subsections (a)(1)(A) through (a)(1)(H) of this section. Included are cases where no payment will be required by the facility, such as special research or courtesy patients.

DISCUSSION:

This category is excluded from reporting Type of Coverage and Name of Plan. No payment will be required of patients reported as Other Payer. The record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, "Other", is inappropriate because the Other Payer patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

Live organ donors are included in this payer category.

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(2) *Type of Coverage.* For each Payer Category, Subsections (a)(1)(A) through (a)(1)(F) of this section, select one of the following Types of Coverage:

DISCUSSION

A Type of Coverage category must be selected when reporting the following Payer Categories:

- Medicare
- Medi-Cal
- Private Coverage
- Workers' Compensation
- County Indigent Programs
- Other Government

A Type of Coverage category is **not selected** when reporting the following:

- Other Indigent
- Self Pay
- Other Payer

(A) *Managed Care - Knox-Keene/Medi-Cal County Organized Health System. Health care service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Health Care Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems.*

DISCUSSION:

Plans and Plan Code numbers are listed in Table 1. Medi-Cal County Organized Health Systems (MCOHS) are listed in Table 2.

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(B) Managed Care - Other. Health care plans, except those in Subsection (a)(2)(A) of this section, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).

DISCUSSION:

This type of coverage should be reported for all non-HMO managed care.

(C) Traditional Coverage. All other forms of health care coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

(3) Name of Plan.

(A) For discharges occurring on or after January 1, 2004, report the names of those plans which are licensed under the Knox-Keene Health Care Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System. For Type of Coverage, Subsection (a)(2)(A) of this section, report the plan code number representing the name of the Knox-Keene licensed plan or the Medi-Cal County Organized Health System as shown in Table 1.

DISCUSSION

A Name of Plan/Code Number from Table 1 must be selected when reporting the Managed Care – Knox-Keene (HMO)/Medi-Cal County Organized Health System (MCOHS) category of Type of Coverage.

Plan Code Number 8000 may be used only to report Knox-Keene Licensed Plans that are not listed because they obtained licensure after the table was created. Questions regarding appropriate Plan Code Numbers for unlisted Plans may be referred to your Patient Discharge Data Analyst. Plan Code Number 8000 should not be used to report PPO, EPO or other non-HMO coverage.

If no Knox-Keene (HMO) or MCOHS Plan is to be reported, the unused numeric fields may be zero-filled or they may be left unfilled.

Please report **only** California HMO's under Type of Coverage Managed Care Knox-Keene/MCOHS (1). Inpatient care covered by an out of state or non-California HMO is reported as Managed Care-Other (2).

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**Table 1. Plan Code Numbers for Knox-Keene Licensed Plans and Medi-Cal County Organized Health Systems:
For use with discharges occurring on or after January 1, 2004**

Plan Names and Medi-Cal County Organized Health System Names	Plan Code Numbers
AET Health Care Plan Of California	0296
Aetna Health Plans of California, Inc.	0176
Alameda Alliance for Health	0328
American Family Care	0322
Avante Behavioral Health Plan	0397
Blue Cross of California	0303
Blue Shield of California	0043
Caloptima (Orange County)	0394
Care 1st Health Plan	0326
CareMore Insurance Services, Inc	0408
Cedars-Sinai Provider Plan, LLC	0366
Central Coast Alliance For Health (Santa Cruz County / Monterey County)	0401
Central Health Plan	0404
Chinese Community Health Plan	0278
Cigna Behavioral Health of California	0298
Cigna HealthCare of California, Inc.	0152
Community Health Group	0200
Community Health Plan (County of Los Angeles)	0248
Contra Costa Health Plan	0054
HAI, Hai-Ca	0292
Health Net of California, Inc.	0300
Health Plan of America (HPA)	0126
Health Plan of the Redwoods	0159
(The) Health Plan of San Joaquin	0338
Health Plan of San Mateo	0358
Heritage Provider Network, Inc.	0357
HHRC, Integrated Insights	0319
Holman Professional Counseling Centers	0231
Inland Empire Health Plan (IEHP)	0346
Inter Valley Health Plan	0151
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems Inc	0335
Lifeguard, Inc.	0142
LA Care Health Plan	0355
Managed Health Network	0196
Medcore HP	0390
Merit Behavioral Care of California, Inc. (MBC)	0288
Molina Healthcare of California	0322

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One Health Plan of California Inc.	0325
On Lok Senior Health Services	0385
PacifiCare Behavioral Health of California	0301
PacifiCare of California	0126
Primecare Medical Network, Inc.	0367
ProMed Health Care Administrators	0380
Regents of the University of California	0354
San Francisco Health Plan	0349
Santa Barbara Regional Health Authority	0400
Santa Clara Family Health Plan	0351
Santa Clara Valley Med. Ctr.	0236
SCAN Health Plan	0212
Scripps Clinic Health Plan Services, Inc.	0377
Secure Horizons	0126
Sharp Health Plan	0310
Simnsa Health Care	0393
Sistemas Medicos Nacionales, S.A. De C.V.	0393
Smartcare Health Plan	0212
Solano Partnership Health Plan (Solano County)	9048
The Health Plan of San Joaquin	0338
UHP Healthcare	0008
Universal Care	0209
U.S. Behavioral Health Plan, California	0259
Valley Health Plan	0236
ValueOptions of California, Inc.	0293
Ventura County Health Care Plan	0344
Vista Behavioral Health Plan	0102
Western Health Advantage	0348
Other	8000

(B) For discharges occurring on or after January 1, 2005 also include the additional plans listed.

Table 1a. Additional Plan code Numbers for Knox-Keene Licensed Plans and Medi-Cal County Organized Health Systems:
For use with discharges occurring on or after January 1, 2005

Plan Names and Medi-Cal County Organized Health System Names	Plan Code Numbers
Blue Cross of California Partnership Plan	0415
Great-West Healthcare of California, Inc.	0325
Honored Citizens Choice Health Plan, Inc.	0414